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INSTRUCTIONS: Officer designations should be used in the "TO" column. Under each comment a line should be drawn across sheet and each comment numbered to correspond with the number in the "TO" column. Each officer should initial (check mark insufficient) before further routing. This Routing and Record Sheet should be returned to Registry.

| FROM:                          |                     |               |          |                       | TELEPHONE      |                          |
|--------------------------------|---------------------|---------------|----------|-----------------------|----------------|--------------------------|
| *                              |                     | i ar<br>t.e.t | 14 ~     | Ctott                 |                | 156-0911                 |
| Deputy Chief,                  | , Counte            | er intel      | ingence  | ; staii,<br>/10       |                | DATE                     |
|                                | DD/P DATE OFFICER'S |               |          |                       |                |                          |
| то                             | ROOM<br>NO.         | REC'D         | FWD'D    | OFFICER'S<br>INITIALS | TELEPHONE      | COMMENTS                 |
| 1.                             |                     |               |          |                       |                |                          |
| General Coun                   | sel                 |               | 4/30/52  | Lup                   |                |                          |
| 2.                             |                     |               | '        |                       |                |                          |
| -                              | 257440              |               |          |                       |                |                          |
| 3.                             | 25X1A9              | а             |          |                       |                |                          |
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| 4.                             |                     |               |          |                       |                |                          |
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| 5.                             |                     |               |          | <del> </del>          | <del> </del>   |                          |
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| 6.                             |                     |               |          |                       |                | 1                        |
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| 7.                             |                     |               |          |                       |                |                          |
|                                |                     |               |          |                       |                |                          |
| 8.                             | -                   |               | 1        | <del> </del>          |                |                          |
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| 9.                             |                     |               | <u> </u> | <u> </u>              | -              | -[                       |
| <b>4.</b>                      | -                   |               |          |                       |                |                          |
| -                              |                     |               |          |                       |                |                          |
| 10.                            |                     |               |          |                       |                |                          |
|                                |                     |               |          |                       |                |                          |
| 11.                            |                     |               |          |                       |                | 7                        |
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| 12.                            |                     | <del> </del>  |          |                       |                | -                        |
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|                                |                     | <u> </u>      |          |                       |                | -                        |
| 13.                            |                     |               |          |                       |                |                          |
|                                |                     |               |          |                       |                |                          |
| 14.                            |                     | -             |          |                       |                |                          |
|                                |                     |               |          |                       |                |                          |
| 15.                            |                     |               |          |                       |                |                          |
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| FORM NO O'A O BEDT KALE        | FORM SI IN          | Maria anti-   | CECETT'  | n 2 t                 |                | CONFIDENTIAL UNCLASSIFIE |
| FORM NO. 610 REPLACES WHICH M. | AY BE USED.         | <b>罗伊田</b>    | OCURE!   | GOVERNMENT PRI        | eting office 1 | 6-6186-4                 |

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